

Authorization Agreement for Direct Deposit of TANF Benefits

This form authorizes JPMorgan EFS, as the official Financial Agent of the State of Georgia, to deposit monthly state cash assistance benefits (TANF) directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to the Georgia Electronic Benefit Transfer (EBT) program.

Check One: New application: _____ Cancel direct deposit: _____ Change direct deposit information: _____

State-administered benefits to be deposited: TANF X

Please complete the following information. ALL BLANKS MUST BE FILLED IN.

Recipient Information: (Print clearly)

Name _____
First Middle Initial Last

Mailing Address _____

City _____ State _____ Zip _____ County _____

Daytime Telephone Number (_____) _____ Date of Birth ____/____/____
(mm / dd / yy)

Client ID: _____

Office Use Only:
**FOR
 MANAGED
 ACCOUNTS:**
 P _____
(Payee Extension)

Social Security Number _____ - _____ - _____

Mother's Maiden Name _____
(If known)

Information on Financial Institution: (Print clearly)

Name of Bank _____

Bank's City _____ State _____ Zip _____

Telephone Number of Bank _____

Account Information: Checking _____ or Savings _____ (Check One)

Bank Transit / Routing Number _____
(Ask bank for the transit / routing number for direct deposit)

Bank Customer

Bank Account Number _____

Name of Bank Account Holder _____

If Name of Bank Account Holder is different from Recipient Name, answer the following

Are you the protective payee for the recipient? (Check One): Yes [] No []

Are you receiving subsidized employment benefits as an employer of the of the recipient? (Check One): Yes [] No []

I agree to resubmit this form immediately: if this bank or bank account changes, if I not longer receive TANF or if I decide to stop direct deposit.

Signature - Managed Account Enrollments:

If the TANF benefits are to be deposited into the bank account of either a subsidized employer or an agency that is serving as payee on behalf of the recipient, an authorized agent of that employer or that agency must sign.

Authorized Signature _____

Name (Print) _____ Title _____

Phone _____ Date _____

For Managed Account enrollments, mail completed form to:

Georgia EBT Direct Deposit
 Managed Account Enrollments
 Two Peachtree Street, NW, Suite 26-292
 Atlanta, GA 30303-3142

Signature - Recipient Enrollments:

If this is an authorization for JPMorgan EFS to deposit TANF benefits into the recipient's personal bank account, then the recipient must sign.

Signature of Recipient _____

Name (Print) _____

Date _____

For Recipient enrollments, mail completed form to:

JPMorgan EFS / EBT Services – TSU
 P.O. Box 30201
 Tampa, FL 33630-3201

For TANF recipients: Mail completed original signed authorization form to:

JPMorgan EFS / EBT Services – TSU
P. O. Box 30201
Tampa, FL 33630-3201

FAX Authorization Agreements or **COPIES** of Authorization Agreements **ARE NOT ACCEPTABLE.**
No action will be taken on any faxed or copied Authorization Agreement received.

This form must be used to set up a new enrollment, to request a change or to cancel direct deposit.

Instruction for completing this form:

Recipient Information Section:

Complete this section with information on the primary head of household who receives TANF benefits. Be sure to enter the Client ID, Social Security Number and Birth Date for the head of household. (The only exception to the head of household rule is a ‘payee-only’ case. In this situation enter the payee’s name, Client ID, Social Security Number and Birth Date.

If you are a TANF recipient authorizing direct deposit into your personal account, leave Payee Extension blank.
(Payee Extension for ‘Office Use Only’)

Information on Financial Institution Section:

Enter name, address and phone number of your financial institution.

Enter your bank’s transit/routing number and your individual account number. **THIS IS EXTREMELY IMPORTANT!**
Contact your bank to verify that the transit/routing number and account number are correct for an ACH direct deposit.
Individual TANF recipients should attach a voided check. (This is a blank check with “VOID” written across the front).

Signature:

A signature is required. If a TANF recipient is enrolling for benefits to be direct deposited into their personal account, the recipient must sign. For managed accounts, the person authorized by the bank account holder must sign.

Direct deposits to a bank account are deposited by the second business day of each month.

Resubmit this form immediately, if bank or bank account changes, if you not longer receive TANF or if you decide to stop direct deposit.

SEND IN ONLY ONE FORM

THE EXTRA BLANK FORM IS PROVIDED
IN CASE YOU NEED TO CHANGE OR CANCEL DIRECT DEPOSIT AT A LATER TIME